

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

2420 Del Paso Road, 2nd Floor

Sacramento, CA 95834

(916) 575-7001

www.dca.ca.gov/bsis**Bureau of Security and Investigative Services
Advisory Committee Application**

1. Mr./Ms. _____
First Middle Last

2. Residence Address: _____

City County State Zip

Phone (____) _____ FAX (____) _____ E-Mail _____

3. Business Title: _____

Company: _____

Address: _____

City County State Zip

Phone (____) _____ Pager (____) _____ Cell (____) _____

FAX (____) _____ E-Mail _____

4. List all BSIS licenses (with license number) that you currently hold:

_____	_____
_____	_____
_____	_____

5. Work Experience (current to last 5 years)

Employer

Title/Type of Business

City/State

From /To

6. List professional licenses and certificates. Include license number where appropriate.

Licenses/Certificates

Date Issued

Licenses/Certificates

Date Issued

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

7. List all professional associations of which you currently are a member:

Professional Associations

Member since

8. List all industry related institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) with which you have been affiliated (as an officer, owner, stockholder, director, trustee, partner, employee, advisor or consultant) within the last five years.

9. Indicate the areas in which you have had significant experience. Include categories, which describe current and past occupations, employment, or experience.

<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Collateral Recovery Manager
<input type="checkbox"/> Investigative Experience	<input type="checkbox"/> Collateral Recovery Experience
<input type="checkbox"/> Private Patrol Manager	<input type="checkbox"/> Locksmith Operator
<input type="checkbox"/> Military Police Experience	<input type="checkbox"/> Locksmith Experience
<input type="checkbox"/> Law Enforcement Experience	<input type="checkbox"/> Government (Federal, State, Local)
<input type="checkbox"/> Security Experience	<input type="checkbox"/> Legislative Experience
<input type="checkbox"/> Alarm Company Manager	<input type="checkbox"/> Teacher (K-12, College)
<input type="checkbox"/> Low Voltage Electrical Experience	<input type="checkbox"/> Consumer Advocacy
<input type="checkbox"/> Burglar Alarm Experience	<input type="checkbox"/> Other (explain)

Please answer the following questions. Attach additional pages if necessary.

10. ☐ Yes ☐ No Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, or other professional group? If yes, please explain.
11. ☐ Yes ☐ No Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (do not include traffic violations for which a fine of \$500.00 or less was imposed)? If yes, please explain.
12. ☐ Yes ☐ No Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.
13. ☐ Yes ☐ No Do you own real property, personal property, financial holdings or receive income from *any source* related to the investigative, security, alarm, reposessor or locksmith industry which might present a potential conflict of interest or appearance of conflict of interest with the Bureau of Security and Investigative Services' Advisory Committee? If yes, please explain.

CERTIFICATION

I certify under penalty of perjury, under the laws of the State of California, that the information presented above is complete, true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name (Print): _____